## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/17/2008</u>	Address:	<u>500 W</u>
Case #:	<u>34-34348</u>		Patriotville, IN
County:	Spencer		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)  Residence Hotel/Motel	
_	onat Lab al/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	Open – No Structure Other:
Corros	nd: Location (bedroom, kitchen, open aint apply)  hat apply)  osphorous/lodine Reaction(s):  able Solvents: Car  Reactive Metal (Lithium): Car  rous Ammonia: Car  chloric Acid Gas Generator(s):  ive Acid:  ive Base:  fitem and location):		
Yes No *If yes, fax i	ler age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedri ☐ Retail/M ☑ Other:Q	ve Information ne/Pseudoephedrine Tracking Log ferchant Tip riminal Investigation
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	rtment: Ohio Tswp	Fax: <u>812-649-6047</u> Fax: <u>812-649-5839</u>	
Health De	partment: Spencer Co		
Child Pro	tection Service: Spencer Co		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Howard Lytton III Phone 812-482-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.